



For alternate formats, call 206-296-6600.

Application for: _____

Check one: ☐ New ☐ Renewal

Business name _____

Phone

Business address _____ Street

City _____ State _____ ZIP _____

Mailing address _____

Street (PO Box) _____ City _____ State _____ ZIP _____

Applicant

Home address _____
Street City State ZIP

Nature of business:

☐ Sole-ownership ☐ Partnership ☐ Corporation Name

Please provide name, place of birth, and date of birth for owners, partners or officers:

1. _____
Name: First Middle Last

Date of Birth	Place of Birth	Title, i.e. owner or, If corp., Pres., V.P., Sec., Treas
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2. _____

Name: First	Middle	Last

Date of Birth	Place of Birth	Title, i.e. owner or, If corp., Pres., V.P., Sec., Treas
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3. _____

Name: First	Middle	Last

Date of Birth	Place of Birth	Title, i.e. owner or, If corp., Pres., V.P., Sec., Treas
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4. _____
Name: First Middle Last

Date of Birth	Place of Birth	Title, i.e. owner or, If corp., Pres., V.P., Sec., Treas
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Applicant's signature

For Office Use Only

Date entered: Requested: ☐ Public Safety ☐ Fire Marshal ☐ Zoning ☐ Inspector

Check out the Department of Permitting Web site at www.kingcounty.gov/permits